

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 314 Primary Registration District No. 3059 Registrar's No. 0041760 STATE FILE NUMBER

VS 300
Rev. 4/59

0941

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (When deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		c. CITY OR TOWN <u>Cantwell</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>201 Vandervoot</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Harry</u> Middle <u>J</u> Last <u>Robbs</u>		4. DATE OF DEATH Month <u>October</u> Day <u>10</u> Year <u>1964</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 8, 1899 - 65</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Motor Winder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Electric Company</u>	11. BIRTHPLACE (City and state or country) <u>Bonne Terre, Mo.</u>
13a. FATHER'S NAME <u>William Robbs</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Vanderhill</u>	14. NAME OF HUSBAND OR WIFE <u>--</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>1</u>		17. INFORMANT Address <u>Dora Eaton, Cantwell, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Melanotic Carcinoma of prostate</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>6</u> a.m. <u>45</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>July 1964</u> to <u>Oct 10, 64</u> and last saw him alive on <u>Oct 9, 1964</u> Death occurred at <u>6 45 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J.L. Foster</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>Desloge, Mo</u>	22c. DATE SIGNED <u>10-10-64</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/12/1964</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hernd Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Francois Co. Mo.</u>
24. FUNERAL DIRECTOR <u>C.Z. Boyer & Son</u>		25. DATE RECD. BY LOCAL REG. <u>Oct 10, 1964</u>	26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>

(Licensed Embalmer's Statement on Reverse Side)

051 11.00
7.27

11-18-64

OCT 21 1964

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

0-9.

Student _____
Signature of Student Embalmer

Signed B. T. Boyer
Licensed Embalmer No. 3660

P. O. Address Desloge, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.